

DCFS Prior State Service Questionnaire

Employee's Name:		Employee SS#:	XXX - ____ - ____		Hire Date with DCFS:	
Division/Section:		Military Service Dates: (if applicable)	From:		To:	

Name of State Agency	Employment Status (Permanent, Job Appointment, Restricted, Classified WAE, Unclassified)	Employment Dates (Month, Day, Year)		Full Time Or Part Time	No. of Hours Worked Per Week	Any Leave Without Pay Taken?			OFFICE USE ONLY		
						YES		NO	TOTAL SERVICE		
		FROM	TO			FROM	TO		Yrs.	Mos.	Days

THE INFORMATION LISTED BY ME IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Employee Signature: _____

Date: _____